

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

April 16, 2015

Ms. Mary Belanger, Administrator St Joseph's Residential Care Home 243 North Prospect Street Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 23, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

famlaMCotaRN

PRINTED: 04/03/2015 FORM APPROVED

If continuation sheet 1 of 8

TATEMENT	of Licensing and Pro	(X1) PROVIDER/SUPPLIER/CLIA	1 ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NO PLAN C	OF CORRECTION	DOMESTIC SOUTH OF TOTAL OF THE PARTY OF THE			C 03/23/2015
		0155	8. WNG		03/23/2013
ame of Pi	ROVIDER OR SUPPLIER		DORESS, CITY, ST		
TJOSE	PH'S RESIDENTIAL	CARP URAE	RTH PROSPEC GTON, VY 054	01	
(X4) ID PREFIX TAG	JEACH DEBICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CRDSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE COMPLETE
R100	Initial Comments:		R100		:
D+106	was conducted by Protection on 3/23 findings were iden violations were de corrective action d they posed to the residents of the homediate correct on March 27, 2019	onsite complaint investigation the Division of Licensing and /15. The following regulatory tified. Two of the regulatory termined to required immediat lue to the immediate jeopardy health and safety of the ome. The home submitted and ive action plan to this Division 5, which was accepted.	e		
SS=J					1
	residential care h	ident's admission to a ome, necessary services shall ranged to meet the resident's social, nursing and medical ca	Ì		
	by: Based on record home failed to en	TENT is not met as evidenced review and staff interview, the neure that necessary services meet the resident's needs for ident (Resident #1). Findings	•		
	resided at the house the resident had demential and documented for aggression, and	w on 3/23/15, Resident #1 had ome since admission on 8/29/7 d diagnoses that included epression. Some of the behavi this resident included I wandering behaviors with an ment risk, Per review of the	12. 1	Der Moderbald	

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Addendum. Per phone call with manager on 411sts, the charge nurse will be responsible for ensuring the charges are turned on in the evenings. The Director of Nursing is responsible for movintoring for compliance.

R126-R303 POC'S accepted with addendum 4/15/15 Keampospin prince

Division of Licensing and Pro	tection		CONSTRUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING:	CONSTRUCTION	COMPLETEO
IND FEAT OF CONTROL OF		A BUILDING.		c
	0455	B. WING	·	03/23/2015
	0155			
NAME OF PROVIDER OR SUPPLIER			TATE, ZIP CODE	
ST JOSEPH'S RESIDENTIAL	^ 4 DE U	H PROSPEC		
	DONEINO	TON, VT 054	PROVIDER'S PLAN OF CORRECTI	ON (X5)
(Art) To	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL	ID . PREFIX :	FACH CORRECTIVE ACTION SMOU	LD 88 ; COMPLETE
PREFIX (EACH DEFICIENCE TAG REGULATORY OR L	SCIDENTIFYING INFORMATION)	TAG	CRDSS-REFERENCED TO THE APPRODE DEFICIENCY)	PRIATE DATE
R126 Continued From pa	age 1	R126		
nurse's notes, the	resident was often up at night,	į		<u>:</u>
needing attention f	from staff, and family was often	!		:
called upon to com	ne in and visit with the resident ety. Per review of the notes, an			:
incident occurred (on 10/23/14 at 4:30 AM where	:		
the resident was fo	ound in the stairway without a		Plan of Correction:	!
walker, down one	flight of stairs, was very		Plan of Confection.	
confused, and told	I staff that s/he was looking for	1 2	1. As of 3/26/15, we have	alarmed
, their car.		-	all exit doors with alarm	ns that
. Per review of the	nurse's note from 2/26/15.	•	can be heard throughou	
Resident #1 was f	ound by the LNA on duty at		building. These alarms	will he
1:45 AM sitting ou	itside of the building, outside the		activated at 9:00 pm ev	erv
dining room door,	confused, in a tee shirt and ithout a walker. The LPN on		evening by the evening	Med
duty with the LNA	wrote that the resident had	1	Tech. They will remain	n on until
abrasions on lowe	er left leg, hands, and sacrum,	į	5:00 am when the Nigh	ıt shift
as well as signs o	if frostbite on toes and fingers.		Med Tech deactivates.	
The temperature	outside was well below zero	į	Tylod Tooli double and	
degrees according	g to weather data and the nember. The resident was		2. Staff has been instructed	ed on the
transported to the	Emergency Room, and	,	use of these alarms and	
admitted to the he	ospital with significant frostbite		received a written poli	
and hypothermia.	After the hospital stay of	1	regarding the use of the	e alarıns.
approximately 10	days, the resident was admitted ig facility and passed away.	1	Please see attached pol	icy.
			•	
Per review of Re	sident #1's medical record, the		We are conducting rou	nds more
plan of care iden	tified him/her as an elopement erer. Problems listed on the plan	:	frequently on the even	ing and
risk and a wande	History of attempts to leave		night shifts paying par	ticular
facility unattende	d. Resident wanders almlessly,	Ì	attention to the 2 resid	ents that are
Impaired safety a	awareness, Disoriented to place		at risk of elopement.	:
at times places r	esident at risk of getting to a	\	-	!
potentially dange	erous place/stairs/outside of npts to descend back stairs.	ļ	As of March 26, 2015, th	e above
Interventions inc	luded Toileting every 2 hours an	id (corrections are in pla	
. as needed durin	a the day and evening, at 11-12	į		!
AM hetween 5 a	and 6 AM to prevent wandering t	(O)	}	:
find bathroom. S	Staff statements indicated that he			

Apr 3 2015 10:38am P006/011 PRINTED: 04/03/2015 FORM APPROVED

Division of Licensing and Protection		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MILLTIPLE	(X2) MULTIPLE CONSTRUCTION (X3) DATI		
STATEMENT OF DEFICIENCIES (N.)		1	A, BUILDING:			
MIND PUNIN	OF COMEDITION	1	C. GOICOMO.	,,		C
			a waye			23/2015
		0155	B. WING		U3/4	2312010
NAME OF 9	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
		243 NO	RTH PROSPEC			
ST JOSE	PH'S RESIDENTIAL	A A DE LIONAE	NGTON, VT 05			
	OU MANA DIV DT	ATEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN D	F CORRECTION	(X5)
(X4) ID PREFIX	(EACH DERICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	/EACH CORRECTIVE AC	CTION SHOULD BE	: COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO	(CX)	į
,						-
D126	Continued From p	206 2	R126			1
		•	ĺ	ļ		i
!	was checked on a	round 12 midnight during				
	rounds, and was in	n his/her room at that time.	1			
		and the second of the second s				į
	Ouring a tour of th	ne home at 10:25 AM, it was				!
	ooserved that a do	oorbell system had been ning room door where Reside	nt !			į
	installed on the oli	ning room ood where reside 2/26/15. The front door of the				:
	#1 nad exited by a	previously existing doorbell	Į			
I	: nome also riau a j	ervation of the other 3 doors o	n !			
	system, relicase	near the dining room, there we	ere :			
İ	the ground floor if	ed on any of those exits. There		1		ŧ
	No alarma marane	pells on these doors to allow	i !			•
	company to alert	staff that they were locked ou	ıt.	!		:
	Thorouge also a	n area near the dining room t	hat	1 1		•
	. Their was also a	ked doors with a sign indication	ng <u>.</u>			
	that it was an em	ployee only area, however ea	sily	1		1
	entered notential	ly by a resident if they ignored		1		:
	the sign and lead	ding to an unlocked door off the	ne ¦	İ		j
	laundor mom Pe	er interview on 3/23/15 at 10:4	5			\$
	· AM the Head of	Maintenance stated that three	.			
	alarms had been	purchased for the home, whi	ch 🕴			Ì
	: if activated would	d make a loud sound if someo	ne			i
	opened the door.	. The Head of Maintenance	Ì			
	istated that s/he v	was waiting for approval from	ĺ			
}	! management to i	install them, as there was a	į			
	concern about di	isturbing residents with a loud				į
	alarm at nìght if s	someone exited.				!
	: Per interview on 3/23/15 at 11:15 AM with the		1			
			j			1
	: Manager of the home, there had been		ţ			
1	discussions around how to make the building		sto :			
	more secure fro	m possible resident elopemer	na, , to :			i
	however no final	I decision had been made as				i
ļ	what type of sys	item should be installed at the	;			į
1	home. Per inter	view at that time also, the	ac			:
	Controller and C	Director of Professional Service	, , ,	(Ì
	for Vermont Cat	tholic Charities stated that	tion			:
	although discus	sions were had by administra	horo :			; i
1	about a solution	to the security of residents, t	HOIG :			}
!	had been no fin	al decision as to what system	i	<u> </u>		

	of Licensing and Pri		· · · · · · · · · · · · · · · · · · ·		100.000		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATÉ SURVEY COMPLETED	
MUDICAN	AND I DATE OF CONTROL OF THE PARTY OF THE PA		A. BUILDING	A. BUILDING:			
		·			¢		
		0155	B. WING		03/2	3/2015	
	200,1050,000,000	OTDEET (DODESC CITY	STATE, ZIP CODE		!	
NAMEOFF	PROVIDER OR SUPPLIER						
ST JOSE	PH'S RESIDENTIAL	CAREBOME	RTH PROSPE			•	
	······································	BURLIN	GTON, VT 05				
(X4) ID		ATEMENT OF DEFICIENCIES	. 10	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT)		(X5) COMPLETE	
PREFIX TAG		:Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE	
יאט	;	,	1	DEFICIENC	Y)		
	01.	2	R126		· · · · · · · · · · · · · · · · · · ·		
R 126	Continued From pa	age 3	17120				
	would be installed	to better secure the home.					
					į		
		/23/15 at 9:55 AM, the Director	r {				
		s identified two current	}				
		nentia who were considered at					
	risk for elopement. One of them resided in a room on the ground floor that was close by and		{				
			į			:	
	easily accessible t	o an exit that had no alert	1	Plan of Correction:			
	system on it to indicate someone had exited the door. The DNS stated that there were always two awake staff working the overnight shift, and they completed rounds of the building less than an hour before Resident #1 exited the door on the night of 2/26/15, and found the resident in their room at that time. The DNS also confirmed that			Trair of Correction.			
				50/06/15	'. I alamad		
			l i	1. As of 3/26/15, v	ve nave alarmed		
			1	all exit doors wi			
			<u>;</u>	can be heard thr	oughout the		
			ž.	building. These	alarms will be		
	although the staff	are awake and checking on	į	activated at 9:00			
	residents the nos	sibility still existed for a reside	nt			•	
•	to exit undetected	by staff if they were in anothe	г	evening by the			
	part of the building	at the time.			l remain on until		
	part or are persons	9 01 11 1	Ì	5:00 am when the	he Night shift		
Dace	E IV OLIVEICAL DI	ANIT	R266	Med Tech deact	tivates.		
; R∠bt SS=J	5∃X, PHYSICAL PL	AIVI	11200				
00-3	:		ì	2. Staff has been i	netructed on the		
	9.1 Environment		į				
	5, F LIMIONMENT		<u>:</u>	use of these ala			
	Q 1 a The home r	must provide and maintain a	ì	received a writt	en policy		
		anitary, homelike and	į	regarding the us	se of the alarms.		
	: comfortable envir	• •	{	Please see attac	hed policy.		
	· Comortable chivii	On the Cit.	}	110450 000 4114			
İ	This REQUIREM!	ENT is not met as evidenced	į	2 Mil	tina naunda mara		
	by:		i i	3. We are conduct		,	
	: Based on record	review and staff interview, the	}	frequently on the		*	
İ	home failed to pro	ovide and maintain a safe	į.	night shifts pay	ing particular		
	environment for o	ne sampled resident (Resider	nt 🖟	attention to the	2 residents that	are	
İ	#1). Findings incl		!	at risk of elope			
	,		1	at Histor Groups			
	. Per record review	v on 3/23/15, Resident #1 had		A = -£ N # =1 - 0 € - 0	015 the above		
		me since admission on 8/29/1	2.	As of March 26, 2			
	The resident had	diagnoses that included	į	corrections at	e in place.		

PRINTED: 04/03/2015 FORM APPROVED

AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING:	C 23/2015 (X5) C CDMPLETE DATE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, VT 05401 (XA) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGISTER REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	23/2015 : (X5) : CDMPLETE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	23/2015 : (X5) : CDMPLETE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	(X5) CDMPLETE
ST JOSEPH'S RESIDENTIAL CARE HOME 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	COMPLETE
ST JOSEPH'S RESIDENTIAL CARE HOME (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	COMPLETE
(X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	COMPLETE
R266 Continued From page 4 dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night, (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R266 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	
documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	
documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	
aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	ļ
identified elopement risk. Per review of the nurse's notes, the resident was often up at night,	
nurse's notes, the resident was often up at night,	
gooding attention from staff, and family was often	
needing attention form stan, and tomay wee over	
called upon to come in and visit with the resident	İ
to settle their anxiety. Per review of the notes, an	
incident occurred on 10/23/14 at 4:30 AM where the resident was found in the stairway without a	:
walker, down one flight of stairs, was very	:
confused, and told staff that s/he was looking for	:
their car.	:
	•
Per review of the nurse's note from 2/26/15.	:
Resident #1 was found by the LNA on duty at	
1:45 AM sitting outside of the building, outside the	•
dining room door, confused, in a tee shirt and underwear, and without a walker. The LPN on	
duty with the LNA wrote that the resident had	•
abrasions on lower left leg, hands, and sacrum,	
as well as signs of frostbite on toes and fingers.	•
The temperature outside was well below zero	
degrees according to weather data and the	-
resident's family member. The resident was	*
transported to the Emergency Room, and	i :
admitted to the hospital with significant frostbite	·
and hypothermia. After the hospital stay of approximately 10 days, the resident was admitted	
to a skilled nursing facility and passed away.	
to a smile tipising roomly and passes sure).	į
Per review of Resident #1's medical record, the	į
plan of care identified him/her as an elopement	
risk and a wanderer, Problems listed on the plan	ļ
of care included: History of attempts to leave {	•
facility unattended, Resident wanders aimlessly,	
Impaired safety awareness, Disoriented to place	:
at times places resident at risk of getting to a potentially dangerous place/stairs/outside of	i .
facility, and attempts to descend back stairs.	

	of Licensing and Pro	ptection	1	- AMPTOMOTION	(X3) DATE SURVEY	
STATEMEN	T OF OFFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	CONSTRUCTION	COMPLETED	
AND PLAN	OF CORRECTION	DENTINICATION NOMBER	A. BUILDING: _			
		1			C	
,		0155	B. WING		03/23/2015	
	200 40E0 00 0110011E9	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
NAME OF E	PROVIDER OR SUPPLIER		RTH PROSPEC			
ST JOSE	PH'S RESIDENTIAL	こくしに いつかに	IGTON, VT 054			
				PROVIDER'S PLAN OF CORRECTION	ON (X5)	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED 8Y FULL	. ID PREFIX	JEACH CORRECTIVE ACTION SHOUL	D BE COMPLETE	
PREFIX TAG	REGULATORY OR L	SCIDENTIFYING INFORMATION)	TAG	CRDSS-REFERENCED TO THE APPROI	PRIATE : OATE .	
				BE; toteto i		
R266	Continued From pa	age 5	R266			
	•	*	i ;		:	
	Interventions inclu	ded Toileting every 2 hours an the day and evening, at 11-12				
	. as needed during t	d 6 AM to prevent wandering	to.			
	find bathroom Sta	iff statements indicated that he	3		,	
	was chacked on a	round 12 midnight during	-		: 	
	rounds and was it	his/her room at that time.			1	
	1001100; 00100 11001	,			ı	
	During a tour of th	e home at 10:25 AM, it was			·	
	observed that a do	porbell system had been	!			
	installed on the di	ning room door where Resider	nt		:	
	#1 had exited on ?	2/26/15. The front door of the			<u>.</u>	
	home also had a	previously existing doorbell	_	,		
	system. Per obse	rvation of the other 3 doors or	7			
	the ground floor n	ear the dining room, there we d on any of those exits. There	· C		:	
	no alaims instane	elis on these doors to allow				
	. are also no doord	staff that they were locked out	L }			
	There was also a	n area near the dining room th	iat i		•	
	had double unloc	ked doors with a sign indicatin	9			
 	that it was an emi	ployee only area, however eas	aily			
	entered potential	y by a resident if they ignored		\		
	the sign, and lead	ding to an unlocked door off th	e }	 	:	
	laundry room, Pe	r interview on 3/23/15 at 10:45)	1		
1	AM, the Head of	Maintenance stated that three	,		; . !	
	alarms had been	purchased for the home, which	NO .			
	if activated would	I make a loud sound if someo The Head of Maintenance				
	opened the cool.	vas waiting for approval from	·			
1	management to	install them, as there was a	ļ	\		
1	concern about di	sturbing residents with a loud	Ì		• •	
	alarm at night if s	someone exited.	1		1	
			ļ			
	Per interview on	3/23/15 at 11:15 AM with the	1		í	
	Manager of the h	nome, there had been	İ		ļ	
	discussions arou	and how to make the building	te	1	1	
1	more secure from	m possible resident elopemen	ιο, <u>;</u>			
}	however no final	decision had been made as t	~			
}	: what type of Sys	tem should be installed at the view at that time also, the	•			
	: Controller and F	Director of Professional Service	es		<u> </u>	

Division of Licensing and Pro	otection	Arm He waren	CONCERUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COMPLETED
The state of the s			,	C
	0165	B. WING		03/23/2015
		DRESS CITY S	TATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER	243 NORT	TH PROSPEC		•
ST JOSEPH'S RESIDENTIAL		TON, VT 054	101	
COCCUY (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
R266 Continued From p	age 6	R266		
although discussion about a solution to had been no final would be installed. Per interview on 3 of Nursing Service residents with derick for elopemen room on the group easily accessible system on it to include a system on it to include the completed round hour before Residents that time although the staff residents the po	offic Charities stated that ons were had by administration the security of residents, there decision as to what system to better secure the home. 1/23/15 at 9:55 AM, the Directories identified two current mentia who were considered at t. One of them resided in a and floor that was close by and to an exit that had no alert dicate someone had exited the tated that there were always two ing the overnight shift, and they is of the building less than an dent #1 exited the door on the and found the resident in their. The DNS also confirmed that f are awake and checking on ssibility still existed for a resident do at the time.			
R303 IX. PHYSICAL P SS=E		R303	R303 IX Physical Plant:	
: 9.11 Disaster ar	nd Emergency Preparedness		On the day of survey- 3/23/15 notification of non-compliance	- upon e with the
9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone.			state Regulation 9.11, phones immediately placed in public on each floor as required by t regulation. The phones will a	were areas. One he
by: Based on obser	MENT is not met as evidenced vation and staff interview, the ensure that an operable telephorn each floor of the home with a line.	ne list	place and emergency phone reposted next to the phones for	numbers are

Division	of Licensing and Pro	otection			
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0155	B. WING		C 03/23/2015
NAME OF F	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	ODRESS, CITY, \$1	FATE, ZIP CODE	
ST JOSE	PH'S RESIDENTIAL	CAREHOME	TH PROSPECTOR OF THE PROSPECTO		,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CDRRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R30 3	Continued From pa	ege 7	R303		
;	of emergency phor	ne numbers. Findings include:			
	3/23/15, there were two upper floors of reside. Per intervie Manager of the hol telephones on the removed due to a removed due to a removed Service. The Manager confi was available to re use it, however the the upper two floor	ring a tour of the home on e no telephones visible on the the home where residents w on 3/23/15 at 2:40 PM, the me confirmed that the two upper floors had been resident repeatedly calling 911 es for non-emergent reasons. Irmed that a wireless telephone sidents if they asked staff to be re was no phone available on the with a list of emergency as per the regulation.			
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